

RUPTURE OF UTERUS DUE TO VESICAL CALCULI

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Vesical calculi causing mechanical obstruction to birth of a baby is a rare phenomenon. In the present communication such a rare event is described where the obstruction was caused by vesical calculi.

Case Report

Smt. R.M., 35 years, mother of 4 children carrying term pregnancy was admitted at Eden Hospital, Medical College, Calcutta, on 1-8-1982 at 07-40 hours. She was unbooked case and all the pregnancies ended in term normal deliveries at her home. She was in labour for 16 hours. She had no urinary troubles.

Abdominal Examination

Abdomen was distended and tender. The uterine contour was lost. The foetal parts were quite superficial. Foetal heart sounds could not be located and peristaltic sounds were sluggish.

Vaginal Examination

At the outset the cervix could not be located. Instead a hard mass measuring 5 cm x 4 cm x 3 cm was felt behind the symphysis pubis in the bladder area. This appeared to be vesical calculus. Cervix which was 7 cm dilated could be detected behind the aforesaid mass. Cervix was hanging like a curtain. The head was at the brim level and on pushing up the head blood

stained liquor came out which was corroborative with the diagnosis of rupture uterus.

Management

An intravenous drip was set up and other conventional resuscitative measures were adopted. Haemoglobin was 9 gm per cent. Laparotomy was performed. There was about 1 litre of fluid in the peritoneal cavity which contained both blood and liquor. An oblique rupture involving left lateral wall of uterus was observed and part of the baby was outside the uterine cavity. The baby and placenta were extracted and a quick total hysterectomy was done with conservation right ovary.

Palpation of urinary bladder confirmed the presence of multiple stones of which one stone felt to be disproportionately large. The retro-pubic space was dissected and anterior surface of bladder was mobilized. Extraperitoneal cystolithotomy was done (See Fig.). A Malecot catheter was passed and the stab wound in bladder was closed in two layers. Abdominal wall was closed in layers leaving one intraperitoneal drain in left flank and another rubber drain in cave of Retzius. The intraperitoneal drain was removed 72 hours after the operation. Continuous bladder drainage was instituted for 10 days and thereafter suprapubic catheter was clamped for 3 hours for another 5 days. She was discharged in good condition on 20-8-82.

Follow up examination on 4-10-82 revealed that she was in excellent health with no urinary symptom. Straight X-ray of abdomen failed to demonstrate any stone in urinary tract. Blood urea and creatinine levels were within normal limits.

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See Fig. on Art Paper III